

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>008899</b>                         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>03/24/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>KINDRED HOSPITAL NORTHWEST INDIANA</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5454 HOHMAN AVE 5TH FL</b><br><b>HAMMOND, IN 46320</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| S 000   | <p>INITIAL COMMENTS</p> <p>This visit was for investigation of a<br/>State hospital complaint.</p> <p>Complaint Number:<br/>IN00144055</p> <p>Unsubstantiated: lack of sufficient evidence</p> <p>Date: 3/24/14</p> <p>Facility Number: 008899</p> <p>Surveyor: Jacqueline Brown, R.N., Public Health<br/>Nurse Surveyor</p> <p>Kindred Hospital Northwest Indiana is in<br/>compliance with 410 IAC 15-1.4-1, Governing<br/>board, 410 IAC 15-1.5-4, Medical record services,<br/>410 IAC 15-1.5-6, Nursing service and 410 IAC<br/>15-1.5-8, Physical plant, maintenance, and<br/>environmental services, Indiana Hospital<br/>Licensure Rules.</p> <p>QA: cloughlin 04/03/14</p> | S 000  |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE